



**Statement of Natalie O. Ludaway
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Before the

**The Committee on Health
The Honorable Vincent C. Gray, Chairman**

**Public Oversight Hearing on
Bill 22-0583, the “Opioid Abuse Prevention Amendment Act of 2018”**

**February 12, 2018
10:30 am
Room 500
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, District of Columbia 20004**

Good morning Chairman Gray, Councilmembers, staff, and residents. My name is Natalie Ludaway and I am the Chief Deputy Attorney General in the Office of the Attorney General for the District of Columbia. I am pleased to appear on behalf of Attorney General Karl Racine to testify in support of Bill 22-0583, the “Opioid Abuse Prevention Amendment Act of 2018”

The National Problem

We have all read the news about the wave of opioid related deaths that has swept the nation. The number of drug overdose deaths and opioid-involved deaths has risen dramatically over the last decade. Most drug overdose deaths (66%) involve an opioid. According to the Centers for Disease Control (CDC), drug overdoses are now the leading cause of death among individuals under 50 years of age. In 2016, the number of overdose deaths involving opioids (including prescription opioids and heroin) was 5 times higher than in 1999. From 2000 to 2016, more than 600,000 people died from drug overdoses. What that means is that today, February 12th, 115 Americans are likely to die from an opioid overdose.

Prescription opioids are a driving factor in the 16-year increase in opioid overdose deaths. Deaths from prescription opioids—drugs like oxycodone, hydrocodone, and methadone—have more than quadrupled since 1999.¹ Not surprisingly, the number of opioid prescriptions in this country has risen significantly, from 76 million prescriptions in 1991, to more than 200 million prescriptions in 2013.²

The DC Problem

¹ <https://www.cdc.gov/drugoverdose/epidemic/index.html>

² <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse>

Although the District's population of opioid users differs in some ways from the national scenario, it is not immune to this plague. In fact, the opioid problem in DC is worsening. According to CDC data, the District was one of the jurisdictions in the country recently showing a significant increase in drug overdose death rates. The District experienced a 108.6 percent increase in drug overdose deaths from 2015-2016.³ And according to the latest report from our Office of the Chief Medical Examiner, the number of deaths in the District involving prescription opioids has increased significantly over the past two years. For instance, the number of deaths involving oxycodone over that period has more than doubled. The opioid crisis is taxing our health care system, first responders, and criminal justice expenditures. Because of the impact the opioid epidemic has had, understanding its cause and finding a solution is one of Attorney General Racine's priorities.

The CDC

In 2016 the CDC published a comprehensive report⁴ which included a review of the research on the effectiveness of opioids. The report also contained recommendations for the use of opioids in patient care. Its clinical findings are stunning. In sum, it found that there is little evidence that opioids even work for chronic pain. Additionally, it found that the long-term use of opioids is more likely to be harmful, than beneficial. Specifically, the CDC wrote:

In summary, evidence on long-term opioid therapy for chronic pain outside of end-of-life care remains limited, with insufficient evidence to determine long-term benefits versus no opioid therapy, though evidence suggests risk for serious harms that appears to be dose-dependent.

³ <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

⁴ CDC Guideline for Prescribing Opioids for Chronic Pain – United States 2016.

What makes those statements particularly relevant to the Bill before the Council today is that that same report linked the use of opioids for acute pain to long term use. The report found that patients who received opioids for acute pain had a greater likelihood of long-term use. In this report, the CDC recommended specifically that doctors prescribe the lowest effective dose of immediate-release opioids. Further, they recommended that three days' worth of doses or less will often be sufficient, and that more than seven days will rarely be needed.

Other State Legislation

Consistent with this recommendation from the CDC, an increasing number of states have enacted legislation that imposes limits on opioid prescribing by health care practitioners. By the end of 2016, seven states had passed legislation limiting opioid prescriptions. By the end of 2017, 24 states had enacted legislation with some type of limit, guidance or requirement related to opioid prescribing.⁵ Most of this legislation limits first-time opioid prescriptions to a certain number of days' supply. Like the proposal before you, seven days is the most common limit, though some laws set limits at three, or five days and one sets it at 14 days.

These state efforts have been successful. Massachusetts was the first state to impose limits, with a law that went into effect on March 14, 2016. By the end of that year, opioid prescribing rates had reached their lowest level in two years, dropping 16%. Vermont has shown a 20% drop in prescriptions for opioid medication in the state since implementation of its law in 2017.⁶

Industry Support

⁵ National Conference on State Legislatures, "Prescribing Policies: States Confront Opioid Overdose Epidemic." <http://www.ncsl.org/research/health/prescribing-policies-states-confront-opioid-overdose-epidemic.aspx>

⁶ <http://www.wcax.com/content/news/New-report-shows-dramatic-drop-in-opioid-prescriptions-469726033.html>

It is worth noting that various segments of the pharmaceutical industry support this type of legislation as well. For instance, the National Association of Chain Drug Stores supports legislation that limits initial opioid prescriptions for acute pain to seven days. Express Scripts and CVS Caremark (CVS's Pharmacy Benefits Manager) recently announced a seven-day supply limit, and PhRMA, the association representing pharmaceutical manufacturers, announced at a meeting of the President's Commission on Combating Drug Addiction and the Opioid Crisis that it also supported a seven-day limit.

Proposed Legislation

Some doctors may object to what they see as undue interference with their prescribing decisions. However, this legislation ultimately does not limit a physician's discretion. Under the proposed legislation, initial opioid prescriptions are limited to no more than seven days. However, if physicians believe their patients can benefit from longer-term use of their opioid pain medication, the bill does not limit their discretion to renew prescriptions for an appropriate length of time.

Moreover, it is important to note that much of the information that doctors have obtained about the use of opioids has come primarily from the drug manufacturers themselves, or their paid proxies. In the many lawsuits filed against the drug manufacturers, that manufacturers - in their sales calls, sales materials, and sponsored CMEs - overstated the benefits of opioids and failed to advise practitioners of the many harms associated with their use. In other words, the information that doctors have relied upon about the proper prescribing of opioids may have been tainted.

This legislation helps to correct the misinformation campaign that many of our doctors have undoubtedly been exposed to, and helps to prevent a worsening of the Districts' opioid

problem. It balances the established need to cap the amount of opioids in an initial prescription, with the ability of doctors to prescribe amounts above that limit when they have a documented need for the increased amounts. Attorney General Racine has previously supported limits in opioid availability, including in his August 2016 letter to the DEA supporting drug quota levels, in which he noted that opioids are “rarely an appropriate first-line treatment for many forms of pain.” This legislation is an important step to safeguard the health of District residents and the public health resources of the District.

Closing

On behalf of Attorney General Racine, thank you again for considering Bill 22-0583, the “Opioid Abuse Prevention Amendment Act of 2018.” I am happy to answer any questions.